

HCV Mobility Demonstration | SAMPLE | For Reference Only

Attachment 3: Program Specific Certifications for Part L of Form HUD 52515

1. [PHA Code] will adopt the required waiting list preference and will update its PHA Plan and Administrative Plan to incorporate the preference.
2. [PHA Code] will update its PHA Plan and Administrative Plan, as applicable, to implement policies adopted as part of the demonstration.
3. [PHA Code] will work together with HUD to finalize mobility-related services, opportunity areas, and other components of the demonstration.
4. [PHA Code] will offer the agreed upon CMRS and SMRS, even if that may differ from their submitted proposal.
5. [PHA Code] will adopt adequate payment standards in opportunity areas. Payment standards will be finalized with HUD after selection, and the same payment standard will be offered to families in the treatment and control groups.
6. [PHA Code] will offer mobility-related services until such time as an adequate sample size has been attained, or service funding has been expended, whichever comes first.
7. [PHA Code] will sign a memorandum of understanding and a performance standards agreement with HUD to indicate agreement with the finalized program design, services, opportunity areas, and other components of the demonstration OR sign a declaration of withdrawal from the demonstration if [PHA Code] does not agree to the finalized services, opportunity areas, and other components of the demonstration. Should [PHA Code] decide it no longer wants to participate in the demonstration, [PHA Code] must inform HUD prior to implementation. PHAs will not be allowed to withdraw from the demonstration without HUD approval after the implementation date.

REFERENCE DOCUMENT ONLY

8. [PHA Code] will adhere to the program performance standards agreement between HUD and [PHA Code], executed after selection, that describes terms and conditions of participation, including, but not limited to: utilization requirements, recapture and reallocation terms, and a payment schedule for mobility-related services.
9. [PHA Code] certifies that the information provided on HUD Form 2880 and HUD Form 52515 and in any accompanying documentation is true and accurate. [PHA Code] acknowledges that making, presenting or submitting a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Signature of PHA Representative

Date